

## TENNCARE

### **Attention: Physicians and Healthcare Professional Medicare/Medicaid Crossover Providers**

Pursuant to TennCare Rule 1200-13-17, changes are being made in TennCare's methodology for paying professional (Part B) crossover claims.

For Medicare professional crossover claims with dates of service of July 1, 2008, or later, TennCare will pay as described below.

- A TennCare allowable amount will be established for the claim. The TennCare allowable is the lower of (1) the TennCare max fee for the claim, which is set at 80% of the Cigna 2008 Medicare allowed amount for participating providers, OR (2) the Medicare deductible/coinsurance billed to TennCare.
- TennCare's payment will be calculated by subtracting from the TennCare allowable (1) the Medicare paid amount and (2) any third party liability that may be available to the enrollee.

Also effective for Medicare crossover claims with dates of service of July 1, 2008, TennCare will not make crossover payments for Part B services that are not also covered by TennCare UNLESS one of the following is true: (1) the enrollee is a QMB, (2) the enrollee is an SSI beneficiary, OR (3) the enrollee is a child under the age of 21. Examples of services that Medicare covers but TennCare does not are:

- Chiropractic care
- Rehabilitation hospital services
- Certain DME items, such as scooters

A complete list of the services that Medicare covers but TennCare does not may be viewed on the TennCare website at [www.tennessee.gov/tenncare](http://www.tennessee.gov/tenncare).

Providers are reminded that when TennCare crossover payments are made on TennCare-covered services, these payments are considered "payment in full," even if the payment is \$0. No additional payments may be solicited from the enrollee. If TennCare denied payment because the service was not covered by TennCare and (1) the enrollee is a QMB, (2) the enrollee is an SSI beneficiary, OR (2) the enrollee is a child under the age of 21, then these claims would be treated as "non-covered services." Providers may seek payment from enrollees for non-covered services if, prior to providing the service, they informed the enrollee that the services were not covered. See TennCare Rules 1200-13-13-.08(5)(a) and 1200-13-14-.08(5)(b).

For more information, contact the Provider Call Center at 1-800-852-2683.